

Applicant Name: Premera Blue Cross Blue Shield of Alaska Corp.

NAIC No.: \_\_\_\_\_

FEIN: \_\_\_\_\_

**Uniform Certificate of Authority Application (UCAA)**  
**Power of Attorney to Appoint and Certify Agents**

Know All Men by These Presents:

That Premera Blue Cross Blue Shield of Alaska Corp. an insurer of the State of Alaska, admitted to transact insurance in this state, does hereby appoint: (Name natural persons only)

H.R. Brereton Barlow

Premera Blue Cross Blue Shield of Alaska Corp.

7001 220<sup>th</sup> St. S.W., M.S. 310

Mountlake Terrace, WA 98043-2124

(Check all that apply)

☒ its attorney(s)-in-fact to appoint persons and entities to act as and to be licensed as agents in the State of Alaska, and to terminate the said appointments.

☐ and said insurer is a life insurer, or an insurer admitted to transact disability insurance, and empowers the said attorney(s) to make and sign on its behalf statements on applications for licenses to act as life and disability agent, life only agent or disability only agent concerning the applicants therefore.\*

IN WITNESS WHEREOF, the said insurer has to these presents caused its name to be subscribed and attested by its President and Secretary at Mountlake Terrace, State of Washington, this 3<sup>rd</sup> day of October, 2002.

Premera Blue Cross for and on behalf of Premera Blue Cross Blue Shield of Alaska Corp.  
Name of Insurer

By \_\_\_\_\_  
President

By \_\_\_\_\_  
Assistant Secretary

State of Washington)  
County of Snohomish)

*On October 3, 2002 before me, H.R. Brereton Barlow and John P. Domeika, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity, and that by his/her/their signature on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.*

WITNESS my hand and official seal.

[NOTARIAL SEAL]

Signature \_\_\_\_\_  
(Signature of Notary Public)

\* Not applicable in all states, review State Specific Instructions.